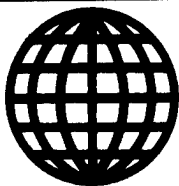


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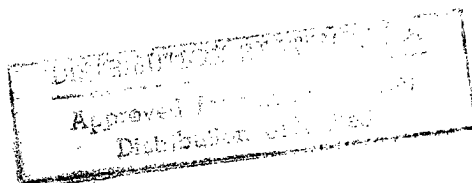
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# ***JPRS Report***



# **Epidemiology**

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# Epidemiology

JPRS-TEP-88-018

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## MADAGASCAR

### **Estimated 100,000 Malaria-Related Deaths in Six Months**

54000064 Port Louis LE MAURICIEN in French  
2 Jul 88 pp 1, 8

[Text] "Bemangovitra..Bemangovitra" (the fever): the traditional cry of lamentation echoes once again in the high plateau regions and down to the very gates of Antananarivo, the capital of Madagascar, where 75,000 to 100,000 people have died of malaria in the last six months, according to estimates by international agencies.

"Malaria, which is once again the leading cause of death in the big Indian Ocean island, will kill 250-300,000 people in 1989 if no action is taken to halt its spread before the upcoming rainy season" from early December to the end of April, according to Dr Cyprien Hakizimana, the World Health Organization (WHO) representative in Madagascar.

Some 1,000,000 Malagasy suffer from bouts of malaria each year, including 600,000 in the central highlands, where malaria had totally disappeared from 1960 to 1980, as the result of a preventative campaign that started in the 1950's.

Unconfirmed reports from the countryside tell of villages decimated: 40 to 60 dead in several hamlets of only a dozen households. Abandoned huts—where the few survivors are old men and women, probably more resistant than the new generations—bear witness to the ravages of malaria.

"The death rate is such, in certain families," according to a missionary in the Betsileo area, "that people no longer even have time, strength, or heart to close up the family vault after every interment."

For the first time this year, during the March-April harvest in the Lake Alaotra region—the rice granary of Madagascar—appeals went out on national radio for seasonal workers to make up for all the farm hands lost to the "Bemangovitra."

People living in the high plateau regions have been more affected than those in the coastal regions, even though malaria is endemic there, too. Experts believe the coastal populations have a natural immunity, unlike the highlanders, who have lost their natural resistance in the more than 25 years since eradication of the malady.

According to the WHO representative, the spread of malaria could eventually imperil Madagascar's efforts to increase its agricultural production. "Not all famines are due to drought," he explains. "In Ethiopia various diseases, including malaria, are responsible for the depopulation of the countryside and a decline in the production of foodstuffs."

The authorities have become aware of the gravity of the situation. With the help of the international community, anti-malaria programs are being established.

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## MALAWI

### **Healers' Help Sought To Combat Spread of AIDS**

54000152b Blantyre DAILY TIMES in English  
12 Jul 88 p 3

[Text] The vice national chairman of the Herbalist Association of Malawi, Mr Joseph Gangile Phiri of Chancellor College in Zomba and the women's regional chairman of the association for the Centre and North, Mr Sofia Mkandila from Kasungu, have appealed to traditional healers in Karonga to prevent the spread of the Acquired Immune Deficiency Syndrome (AIDS) in the country.

Mr Gangile Phiri and Mrs Mkandila made the appeal on Sunday at the association's meeting for Karonga held in the community centre hall.

They appealed to traditional healers to see that patients being treated at their centres brought their own razor blades for tattooing medication as one way of preventing the spread of the disease.

They asked traditional healers to be honest in their dealings with patients and work hand in hand with the medical staff.

They warned traditional healers against cheap popularity by declaring they could cure AIDS which has no known cure.

They advised them to keep records of patients and the herbs they were administering and to refer serious cases to the hospital.

The two leaders thanked the government for allowing traditional healers to practise openly along with medical personnel.

/12232

## MOZAMBIQUE

### **Rate of AIDS Propagation Decreases in Zambezia Province**

54000154d Beira DIARIO DE MOCAMBIQUE  
17 Aug 88 p 5

[Text] A change in the sexual behavior of inhabitants of Quelimane city, especially high risk groups, is slowing the spread of AIDS, according to Dr. Humberto Cossa, provincial health director in Zambezia.

Dr. Cossa added that recent blood tests carried out by the Zambezia Provincial Hospital reveal that the number of individuals with the AIDS symptoms remains constant but is tending to decrease. According to various studies, at least 3 out of 100 inhabitants of Zambezia's capital are carriers of the AIDS virus.

The provincial health director said that although this rate is not alarming, the province is doing all it can to check the spread of AIDS. "Following the provincial seminar, discussions have been promoted to educate the population in their places of work and in their homes."

He said that prevention campaigns involving Party and State structures would begin again this month.

**Measles Kills 22 Children in Chibabava**  
54000154c Beira DIARIO DE MOCAMBIQUE in Portuguese 17 Aug 88 pp 5, 14

[Article by Madeira Sebastiao]

[Excerpt] Twenty-two children died recently from measles in the district of Chibabava. Fifteen were from the district capital and seven from the administrative post of Muxungue. The acting director for health in that area of Sofala told DM that the deaths were due to the fact that the vaccine distributed by the Extended Vaccination Program (PAV) was not administered in time. He added that the district does not have at its disposal PAV vaccines because of the lack of fuel to keep the refrigerators working.

**Thousands Vaccinated in Maxixe**  
54000154b Maputo NOTICIAS in Portuguese 19 Aug 88 p 3

[Excerpt] During the first semester of this year the Extended Vaccination Program (PAV) in Maxixe city, Inhambane, vaccinated 12,740 children up to 24 months of age, 2,952 pregnant women and 171 workers against tetanus, tuberculosis, measles, whooping cough, infantile paralysis, and dysentery. The city's health director, Raul Lote Timoteo said that PAV mobile brigades were organized in all the neighborhoods of the city.

**Rabies Vaccine Coverage Increases in Sofala**  
54000154a Maputo NOTICIAS in Portuguese 9 Aug 88 p 3

[Excerpt] The Provincial Veterinary Service of Sofala estimates that 7,000 dogs will be vaccinated against rabies this year. This represents a considerable increase in the number of dogs vaccinated over last year's figure of 2,746. Chief of the Sofala Provincial Veterinary Service Angelo Jaime Palalane said that last year's goal was not reached due to lack of transportation for the vaccination brigades. At the present moment, 1,948 dogs have been vaccinated, which is 28 percent of this year's goal. Angelo Palalane said that the campaign covers the

city of Beira and the districts of Dondo, Nhamatanda, Buzi, and Marromeu. It will be expanded to cover Gorongosa and Machanga soon.

## NIGERIA

**Alabi Confirms 20 AIDS Cases; Supports Study of Traditional Cure**

54000156 Lagos DAILY TIMES in English 20 Aug 88 p 8

[Text] There are now 20 Acquired Immune Deficiency Syndrome [AIDS] victims in the country, with two of them in Oyo State, Oyo State Commissioner for Health, Dr Olu Alabi has said.

Speaking to newsmen in Ibadan yesterday Dr Alabi pointed out that one of the victims from Oyo State has been reported dead.

The victim, a woman, was a school teacher, who got married to a Ghanaian, who in turn, has fled the country.

The school teacher, before her death, was said to have discharged herself from the hospital while still under medical care, but was later reported to have died.

Dr Alabi said that the second known victim is an undergraduate of an undisclosed university in the country.

He also confirmed this second to be a female, but her contact address was not known, except for the fact that she had only reported.

The commissioner said further that the second victim was still undergoing treatment, but regretted that officials of his ministry were not empowered to arrest anyone with AIDS.

On the possibility of traditional medicines to cure the dreaded disease, Dr Alabi said his ministry has tried to organize traditional healers, to research on the efficiency of their claim that their herbal products could cure AIDS with a view to researching on the herbs.

He gave the assurance that as soon as it is ensured that such a herbal product could cure the dreaded disease, the traditional leaders would be given the go-ahead to do so.

## SOUTH AFRICA

**AIDS May Force Repatriation of Foreign Workers**

54000152a Johannesburg SUNDAY TIMES in English 24 Jul 88 p 17

[Text] AIDS poses industrial relations problems which could change the face of the industry.

SA has 111 reported AIDS cases. The disease has appeared in 137 countries and it is predicted that there will be at least 1-million new cases by 1993.

Labour lawyer Rod Harper believes AIDS will lead to previously unthought of legal hassles.

The mining industry is already involved in debate about AIDS among its workers. Between 700,000 and 800,000 workers are employed by SA mines. Of them 90 percent are black and about 40 percent are foreign—from Lesotho, Mozambique, Malawi, Botswana and Swaziland.

#### Large Scale

Wits business school lecturer G.V. Masinga says AIDS could change the face of industrial relations on the mines.

"Foreign workers may be repatriated on a large scale so that 100 percent of the workers will be South African.

"Looking at demographic trends, these workers will be young because the age structure of the black population indicates that 43 percent are under 15 years of age.

"They will, therefore, be highly politicised and the propensity to unionise will be high."

Repatriation was debated at a seminar on AIDS at Work. National Union of Mineworkers (NUM) medical adviser Dennis Roebbel blamed the migratory labour system for spreading AIDS.

The brunt of his argument is that because the system fosters AIDS, the state and industry should not resort to repatriation but should assume responsibility for compensating AIDS victims.

#### Different

Dr Roebbel claims that 700 foreign workers suspected of being HIV carriers did not have their contracts renewed at the beginning of this year.

Legislation empowers the minister of health to terminate the contract and repatriate any foreign worker with AIDS.

It is a different story for other employers. Mr Harper says an employer may not dismiss a worker who is identified as a HIV carrier. Misconduct, incapacity and retrenchment are the only three circumstances under which a worker can be dismissed.

Problems which could arise include the obligations of an employer in dealing with an AIDS victim. Will an employer be liable if a worker gets AIDS in the work place? What is the legal position if employees refuse to work with an AIDS victim? Is the employer under obligation to disclose that an employee has AIDS?

The legal implications are wide as lawyers enter a new field.

A message from the seminar is that it is vital for employers to educate their workers about AIDS.

Health Services Deputy Minister Michael Veldman, AIDS specialist Ruben Sher, Chamber of Mines spokesman Olaf Martiny and Commercial Union General Manager Johan van Linde urge companies to begin an educational programme.

#### Frank

The Chamber of Mines has already implemented a startling frank campaign on how one acquires AIDS and how it can be prevented.

Mr Martiny believes such a campaign should become part of every corporate responsibility programme.

"It is vital to implement pre-employment medical examinations. Regular test should also be conducted on employees. It is estimated that a worker has about 7.2 years of productive life after he has been identified as an HIV carrier.

"Once an employee is identified as having AIDS, there is no obligation on the part of the employer to continue paying his medical bills—they can be passed on to the state," he says.

Unions will have to consider the AIDS pandemic seriously and will devise strategies to deal with it.

The responsibility of education will rest as much on their shoulders as on companies. Some unions have said they will push for compensation, continued employment and support from the company for their workers.

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**Survey: White Youth Reveal Success of First Phase of Anti-AIDS Campaign**  
54000155 Johannesburg *THE CITIZEN in English*  
3 Aug 88 p 20

[Article by Janine Stein]

[Exerpts] Young White South Africans have no doubts about the seriousness of AIDS. They see the disease as a major threat to the nation and regard promiscuity, drug abuse and homosexuality as dangerous. But they also want to know more.

These are the results of a survey carried out to establish the success among 13 to 24-year-olds of the first phase of the R1,4 million anti-AIDS advertising campaign.

Despite a recent report of a sexually inexperienced Johannesburg teenager infected with the virus after having sex with her young lover for the first time, research done both before and after the advertising campaign indicates that it was successful.

A separate study among 1,222 young people—729 Blacks and 493 Whites—confirms that the anti-AIDS message was widely received.

However, researchers found an element of confusion about the incidence of the disease, especially among the 13 to 15 age group, and the campaign did not increase perceptions of the rarity of AIDS.

But although opinion varies on the incidence—28 percent think it extremely common, 25 percent rare and 45 percent fairly or very common—White youths are unanimous about the seriousness of the disease with no significant difference between before and after campaign studies.

Knowledge about the disease, however, is still not satisfactory, according to the report. Although three in five young people claim to know a great deal about the disease, there is still 27 percent who claim to know a little and 15 percent who know almost nothing.

Two in five youths feel they are receiving conflicting advice on AIDS. This is in spite of rating their knowledge adequate. The after-campaign study, however, revealed a slight decrease in their confusion.

The study also found a growing belief that no-one knows enough about AIDS. The majority agree that not enough information is available and the atmosphere of confusion is felt more strongly among the younger group (59 percent) than among the 16 to 24 group (41 percent).

While the study concluded that the campaign did not encourage the perception that AIDS is a common occurrence in South Africa, it also found confusion and a level of hysteria on how the disease can be caught.

Between half and three-quarters felt AIDS can be transmitted by receiving blood, from a mother to her unborn baby, through injections and sex between two women, and by giving blood.

The activities White youth feel are reasonably safe are touching and working together or attending the same school. Only half, after the campaign, feel sure that AIDS cannot be caught from toilet seats, sharing cups or glasses, coughing, being spat on or dental profession are also considered by them to be more at risk, with doctors in first place followed by ambulancemen, nurses and, lastly, dentists.

Asked for spontaneous answers, they believe AIDS is contracted primarily through sexual activity and secondly through blood transfusions. The shift in before and after studies shows an increased awareness of promiscuity's role and a decrease in the association of AIDS with homosexuality.

When asked to rate the one most risky activity, 44 percent before the campaign said injecting illegal drugs and 33 percent promiscuity. These have been reversed with promiscuity now considered most risky and injecting drugs second.

The 16 to 24 age group is also more aware that sexual intercourse and blood transfusions can result in AIDS and are more positive about using condoms (an increase of 20 percent) and about reducing promiscuity (an increase of 11 percent)—both related to the campaign message.

The study also found a fairly high awareness of different risk groups. Eleven percent more youths strongly agree, after the campaign, youngsters are more likely to catch AIDS than older people, and an equal number agree only those who are promiscuous are likely to catch AIDS.

In terms of age, the study found the younger group more inclined to consider promiscuity as high risk, while the older group feel intravenous drug users are most at risk.

When asked to rank the disease—AIDS, drug addiction, lung cancer, alcoholism, TB, flu and kwashiorkor—the response is dominated by AIDS, with four in five Whites rating it as the greatest threat.

Along with flu and lung cancer, however, AIDS is the disease most are worried about catching, with one in five not worried about any of these and the 13 to 15 group most worried about catching AIDS or flu and becoming addicted to drugs and alcohol.

Personal reaction to AIDS revealed a growing level of intolerance for AIDS sufferers among young people. Seventy-three percent agree—both before and after the campaign—they should be told if a child at school has AIDS. And 67 percent feel those who catch the disease have only themselves to blame.

The vast majority (85 percent) feel their behaviour does not need to be changed because of AIDS. Of those who feel their behaviour should be altered, 12 percent are already taking more care in choosing sexual partners and 24 percent intend changing. Fifty-nine percent said this did not apply to them.

More than half believe most people do not know how to protect themselves, although the knowledge that AIDS is a killer disease without a cure increased after the campaign.



A great number of youth were unable to comment on the use of condoms, but one in four who could feel condoms spoil the pleasure of sex. Few feel a condom means a man has something to hide.

### SWAZILAND

**Eighty Cases of AIDS Reported; Five Have Died**  
*54000152c Mbabane WEEKEND OBSERVER in English 25 Jun 88 p 3*

[Excerpt] In a shocking revelation, now 80 cases of AIDS have been confirmed in Swaziland. This is an increase of more than 250 percent compared to the situation in March where only 13 cases were reported.

Out of the 80 cases, the killer disease has already claimed 5 lives while 15 are seriously on the deathbed.

This startling and grim news of AIDS was disclosed this week at a National AIDS Prevention and Control Seminar for Shiselweni health personnel by the principal technician of the centre's health laboratory in Mbabane, Mr R. Maziya.

/12232

### ZAIRE

**Series Traces Efforts To Combat AIDS**  
*34190152a Paris LIBERATION in French 2 Aug 88 p 16*

[Article by Alain Leauthier]

[2 Aug 88 p 16]

[Text] In a city where 10 percent of the population is thought to be seropositive, and a country where AIDS has become the number-one killer, the announcement in November of an Egypto-Zairian medication hit like a bombshell. But the medication's ingredients are still a secret, its effects a mystery, and Kinshasans have gone back to dancing the rumba.

The affair, apparently the only one deemed newsworthy by Kinshasans, has rocked the city from one end to the other. It has thrilled residents of the massive Binza villas and of the "cite", those anarchically spreading "zones" inhabited by the poor. The news: there is no longer one, but two Zaiko Langa Langa. (Footnote 1) (A famous Zairian rumba band). The ambitious young men of Zairian rumba have split into two competing orchestras whose clashes over the last few months have set both the streets and the local press abuzz. A peaceful (usually) and exciting battle next to which others, though considerably more weighty, pale in comparison.

With competition like this, how many are reading the full-page advertisements on methods to prevent AIDS now published very regularly by Elima, one of the two

national dailies? Despite its hit-and-miss syntax and faulty typesetting and printing, this austere and pedagogical advertisement is a sign of the timid evolution in mentalities in this country where the virus now ranks as one of the great national scourges. Backbiters, that is, just about any Kinshasan able to speak confidentially, safe from indiscreet ears, would say that it is also one of the rare tangible contributions of the "National Committee to Combat AIDS."

### Finally Outwitting the Arrogant West

This public organization, to which several of the country's most eminent figures belong, is said to have received substantial subsidies from the World Health Organization (WHO). "And yet, they are content to do a little administration work, gad about the country, and use the remainder as a cash cow, providing extra money for a few," asserts a well-informed Kinshasan physician. Of course, it is difficult to substantiate these claims. In Kinshasa, suspicion has become second nature, the requisite yardstick by which people and facts are judged. Corruption, another affliction from which the country has long suffered, has ballooned to unparalleled proportions and is matched by a irrepressible skepticism from which few in power can claim to be spared.

As have several others before him, Lurhuma Zirimwabangabo is paying the price. The fate of this 45-year-old immunologist, who has countless international diplomas and an excellent reputation, is typical. His claim to ephemeral glory: the Mobutu-Moubarak 1, or MM1, an anti-AIDS medication whose acronym evokes the exciting and indefectible friendship between Egypt and Zaire. The discovery of the century was presented last November. It was a show better suited to the political constraints of the moment than to the currently accepted norms for communication within the international scientific community. "For several days, the country lived in a state of uncertainty bordering on panic," remembers Jean, an expatriate. "Television and radio regularly promised us a news item of regional, national, and international importance. Many concluded that Mobutu was dead."

Once again, the field marshal outlived the rumors. But the passing disappointment felt by many Zairians was quickly swept aside by the pride of discovery. For, in the beginning, the population was wildly enthusiastic about MM1. Unanimously so. From bwanas in native attire, to neo-fashion plates signed Kenzo and Loebbb: even the average Kinshasan, that inveterate toiler always on the look-out for extra income, was swept up in the excitement. It was an enthusiasm inspired by hope, of course, but above all by the satisfaction of having finally been able to outwit the arrogant and self-assured West. Many Kinshasan physicians, for example, have not forgotten the first brochures of the Pasteur Institute, singling out their country with an ignominious arrow as the birthplace of the virus.

Yet none of them has had the time since November to learn exactly what the revenge concocted by their colleague Lurhuma and the Egyptian Shafik consists of. It is a total mystery that no publication in the scientific press has pierced. Lurhuma has simply announced on television that of 172 cases treated with MM1 over a period of 6 months, 24 have died. What can we conclude from this? Kinshasan doctors do not know. In the University Clinics where Lurhuma regularly worked before being tapped to follow Mobutu on all his foreign trips, the secret is closely guarded. Only a few cronies are in on the affair. Some physicians go farther and openly question whether Lurhuma himself even knows the composition of the product injected in patients who came scrambling to the clinics. One thing is certain: the medication is manufactured in Egypt and at least on one occasion, getting more supplies had been touchy.

Furthermore, it seems that each of the 20 or so shots administered causes great suffering. The pain is so difficult to bear that some patients prefer to abandon the treatment part way through. "It is Shafik's product, not Lurhuma's. The latter caved in to the injunctions of Mobutu who, last November, needed a new conjurer's trick to quiet the population. He may have gained some material advantages, but he's lost all credibility in our eyes," explains a Zairian scientist. Serious accusations, also hard to substantiate, as is almost everything said or whispered in Kinshasa.

Has Lurhuma isolated himself? Many of the country's scientists still hesitate to condemn without appeal Zaire's Mr AIDS, awkwardly and hastily enthroned by Mobutu. An example is one biologist we spoke to, a refined man who has a passionate relationship with the West. He initially refused to attack his celebrated colleague and, on the contrary, pointed out his undeniable qualities. "The MM1 is a serious drug, even if you Westerners were not the originators. It's effective." To support this, he went on to cite a couple of ill friends who made a special trip from Rwanda to try their last chance. The initial results were completely encouraging. The woman gained weight and her health improved visibly. Several testimonies about other patients also mention perceptible improvements: a recovery of energy, remissions of several weeks, even months. On the eve of our departure, however, the health of the young Rwandan woman had apparently deteriorated. "She has contracted a horrible case of pneumonia," we were told. "She's doing poorly."

Then is the MM1 purely and simply a fraud? Some do not hesitate to say so, citing several cases of death following injections administered at the University clinics. One young businessman lost a close friend that way. "Let's be honest, nothing proves it was because of the MM1. The illness had run its course and the medication may have had nothing to do with it," suggests a Western doctor who has practiced for a long time in the country. "But if Lurhuma had consented to give us even a inkling of what was going on, we would not be where we are now."

Obviously, Kinshasa would no longer be Kinshasa, the Kin-Kiese of Kin-Joy, if the "misadventures" of the immunologist did not inspire a few verbal gags. This time, the favorite beer of Kinshasans is being used to mock the unlucky man: Castel has become "AIDS Cure Experimentally Tested by Lurhuma." But behind the ragging, many intellectuals are enormously disappointed. They fear the pendulum will swing back, that a shadow will be cast on the country's scientific community. Above all, they fear the smug irony of the "mundele", the Whites. The fatalists have resigned themselves and are predicting a scenario played out in advance: "For now, he's in Mobutu's good graces, but that will change and he will have lost everything."

### Refurbishing Mobutu's Image

Others stress a more mundane aspect of the MM1 affair. Since the beginning of the year, several Westerners have been seen in the clinics: Belgian and American AIDS patients, apparently treated with Shafik's medication, with results that are not yet known. These are only the avant-garde. The arrival of the bulk of the troop, a veritable bridge of chartered planes transporting to Kinshasa several thousand patients from Europe, was announced, one is tempted to say promised, just a short time ago. And the news has not failed to surprise in Kinshasa, where the MM1 has not received very good press. "This operation must have had some purpose. Refurbishing Mobutu's image, certainly, but maybe siphoning off some money as well," suggests a scientist. "Who would gain from luring these poor souls, ready to try anything to survive?"

In any case, the search for a treatment or vaccine obviously carries huge financial stakes. No one in Kinshasa is naive enough to imagine that a marked taste for aboveboard dealings is enough to explain the candor with which the administration has treated the subject of AIDS. "Mobutu is smarter than other African heads of state," explains a university professor. "Instead of imposing censorship, he allowed foreign scientific teams to come in, and encourages, or at least does not discourage, research. It's clever, positive, and may one day pay off." A hypothesis that could not be more plausible.

"If an important discovery is made in the country, a lot of money, a lot, will be at stake," an American scientist adds. This is moreover one of the reasons given by Lurhuma to justify his refusal to communicate specific information about MM1. There can be no question, high-ranking authorities explained, of allowing the recipe to be pilfered by large international laboratories. Then, when little eagerness was shown by the latter, the target shifted. The inevitable boycott by big money of a "Negro" discovery was invoked. This is an old tactic of the administration, used a hundred times in the past, i.e. shrewdly playing on nationalistic and anti-imperialist sensibilities, still very much alive in some segments of the population.

### Mind-boggling Sums in a Country That Lacks Everything

This time, however, the trap did not spring. And today, even after defending him, the most indulgent of the scientist's colleagues are abandoning him. In a country where there is a shortage of everything, especially in the health care field, Lurhuma is certainly enjoying some privileges. And, it is said, the largesse of WHO. "A million dollars," says a Kinshasan physician who thinks he knows. A sum to set one dreaming. For during this time, at Mama Yemo, the city's principal hospital sadly renowned throughout central Africa for its dilapidation, only 40 patients are able to benefit from AZT treatment. [It's pathetic.

All the more so as the statistics have not changed much since the country became prey to the disease: 8 to 10 percent of the Kinshasan population is thought to be seropositive. More than that, AIDS has become a palpable reality, and a particularly heavy one. Nothing less than the number-one cause of death in the country, if a study of seroprevalence in 500 corpses brought consecutively to the Kinshasa morgue can be trusted. "The number of people mourning deaths probably caused by AIDS can no longer even be counted," a doctor explains. "It's becoming difficult to shut one's eyes to it, every family has a relative, close or distant, affected by it."

In a context like this, it takes a certain amount of courage to calmly state, as an American scientist did, that "If one of the research studies undertaken here produces results, I know that Zairians, and Africans in general, will not be the first to benefit from it."

[3 Aug 88 p 18]

[Text] Military personnel, French cooperants, research team members, Zairians: nearly 45 people, all volunteers, were inoculated with French Professor Daniel Zagury's proposed vaccine.

Since he began working with Daniel Zagury in the quest for a vaccine against the HIV virus, Bernard Goussard, a small man, thin as a rail, has learned the value of promises. One which Daniel Zagury made to him one day, and that he wasted no time in broadcasting among his Kinshasan acquaintances, has for the time being proved true: injection with the proposed vaccine <sup>(1)</sup> developed by the renowned biologist of Pierre and Marie Curie University is indeed harmless.

The two-year-old adventure began with a meeting between Zagury and Jonathan Mann, WHO's Mr AIDS, former head of American epidemiological research at Mama Yemo Hospital. Mann suggested that his French colleague, who was seeking a host country in Africa, give Zaire a try. With the assistance of the Zairian professor Lurhuma, who was won over by his fierce determination, Zagury finally prevailed. A protocol linking the two sides was approved by authorities at the highest level. Under

the direction of General Jean-Jacques Salaun, the Kinshasan branch of the INRB (National Institute of Biomedical Research), joined in the experiment. A windfall for this practically brand new center, inaugurated in 1984, which had until then confined itself to running, not without difficulty, ELISA tests.

Today the experiment has found its stride. The controversy has died down, and no one dreams any more of castigating Dr Zagury and his team for playing Dr Frankenstein at the Third World's expense. By vaccinating himself first in November 1986, before anyone else, DZ, as he tags himself in scientific reviews, anticipated the inevitable criticism. For a while, it was not enough to disarm his detractors, but the man, a sort of Dr Nimbus on springs, eventually commanded respect.

"I honestly don't think we can be suspected of using Zairians as canon fodder," asserts Bernard Goussard. He was the second Westerner to inject himself with Zagury's preparation, under circumstances that are still famous: a clumsy move, a little infected blood on his hands and . . . voila. "It definitely tipped the scales, but I had already decided to do it anyway."

### "The Experiment of a Lifetime"

There is no trace of self-glorification in this virologist, who until then had pursued an irreproachable but undistinguished career in Africa. "I don't deserve any credit," he says, "it's the opportunity of a lifetime, the kind of experiment that doesn't come along every day." A motivation shared by many of the volunteers, French and Zairian, who also accepted the (slight) risk of a seroconversion. Another example are the military personnel at the Center for Training of Airborne Troops, housed a short distance from the N'Djili airport, just far enough from the city. The explanation sometimes given for their action irks them, as it does their physician-colonel Loik Dechazal, also one of the very first: the diehard paras, after jumping on Kolwezi, are jumping on AIDS. "Grotesque," comments Bernard Goussard; "they joined us as individuals, not soldiers."

In any case, nearly 45 people now make up the small group of Kinshasan pioneers. A community that stands somewhat apart certainly, but not a closed club. "We don't see any more or less of each other than before," explains the wife of Bernard Goussard, chief accountant of the French lycee, who also embarked on the adventure. "And our lives have not really changed. I am proud to take part in the experiment, it will be useful, but I don't view others any differently. The converse, unfortunately, is not as true."

In the tiny, often cloistered world of cooperants and expatriates, the volunteers are still seen as mildly deranged, or at worst as overexcited menaces liable to infect the rest of the white community. Outside the small circle of those involved, the Zagury experiment sometimes sparks hostility, or indifference. "Some people are

not even aware, they are ignorant of everything about the INRB—Zagury and the rest,” notes one of the women vaccinated, also an employee of the French school. Yet certainly the selection process for volunteers was stringent enough. Indeed, recruiting high-risk subjects at this stage of the experiment was out of the question. On the contrary, most of those selected are in good health and most are part of a couple living together. “We had some guys come in who were not too well-informed about the experiment, partyers who may have thought that by letting themselves get stuck they could continue whooping it up,” recalls another vaccinated man. Hopes which were quickly laid to rest. Most of the Kinshasa guinea pigs lead peaceful lives, which the few restrictions imposed by the experiment have barely affected. It is in a flat, almost emotionless voice that the director of the French School nevertheless confesses: “I believe I am taking part in an experiment of world importance.”

On the Zairian side as well, it is difficult to perceive this dimension. Although several Zairian nationals are participating in the experiment, notably close relations of AIDS patients, Zagury's research has not enjoyed the same (short-lived) notoriety as the Zairian-Egyptian “miracle drug”, MM1 (see “LIBERATION”, 2/8/88). It's not that authorities have spared any effort in supporting the study, “it's just that,” as a Kinshasan doctor notes, “it's mostly a white man's problem.”

#### **Suffering the Province of the Healers**

In the “cite”, day-to-day suffering is the province of traditional healers—some serious, some less so—authentic charlatans, and experienced herbal practitioners. It is not clear to which category Ebale-Mbong, one of the best-known, if not most honest, belonged. Ebale-Mbong is the high priest of CAS, the continuous agitation syndrome, an illness which is responsible for AIDS, and which, according to its discoverer, is ravaging nearly 80 percent of the human race. Its cause: the vengeance of God against homosexuals, women who have voluntarily chosen abortion, fetishists, and idolators. Its symptoms include the hearing of messages and twinges “especially when it's hot and when it rains.” The only remedy is to come without further delay to the Ebale-Mbong laboratory.

Apparently though, this is not even a case of fraud, for the “cure” was free. Afflicted with AIDS himself, the man died a short while ago and, according to the joke going around, his proteges are still waiting for his resurrection. This is macabre, cruel humor of course, but the truth is, no one today really has the heart to poke fun or

glory in the superiority of one science over another. Bernard Goussard carefully avoids any triumphant, publicity-seeking statements. In Kinshasa he refuses, as does the head of the INRB, general Jean-Jacques Salaun, to speak without the express authorization of the state commissions of Health and Information.

All the caution and discipline which were lacking in the MM1 announcement surround the work of Zagury and the people at INRB. “No one has imposed anything, or made any demands on us. For now, we are really working the way we want to,” assures the virologist. Yet even though the team is in no hurry to produce results at any cost, it does feel that results are no longer very far away. “I know we about to reach our goal,” confesses Bernard Goussard. The next step, probably when school resumes, will be clinical trials on populations susceptible to contracting the virus. These will show whether the immune protection stimulated by the proposed vaccine is sufficient to block infection. Several scenarios are under consideration, but the study will be done on a real-life scale and will apparently involve two groups of 500 individuals—perhaps military personnel. Will they be volunteers, all of them well-informed about the nature of the vaccine? For now, no one is eager to answer these questions. The subject is a delicate one, ridden with snares, and the room for maneuver is limited: how, especially in Africa, can minimum ethical standards be respected without at the same time tying the hands of researchers in a situation that is continually deteriorating? The MM1 experience, with which, by the way, Zagury's team was not even remotely associated, will certainly not encourage any disregard of the rules of caution.

#### **Footnote**

1. The vaccine model developed by Daniel Zagury in 1986 is made up of an ingenious mixture: fragments synthesized from viral membrane are spliced, for greater effectiveness, onto the vaccine against cowpox (vaccinia) and immune cells are taken from the healthy volunteer, infected in the laboratory with a harmless synthetic virus, and reinjected into the human guinea pig to stimulate his immune system against the AIDS virus. For now, this “proposed prototype vaccine” has gone through different stages, from Dr Zagury's self-vaccination to toxicity tests (see “LIBERATION”, 21/4/88). The proposed vaccine is one model among others being tested, notably in the United States, but it is undoubtedly the most advanced.

09825

## **AIDS Testing for Insurance, Hemophiliacs' Compensation**

### **Insurance Firm's Mandatory Testing**

54200051 Ottawa *THE OTTAWA CITIZEN* in English  
10 Aug 88 p A4

[Text] Toronto (CP)—Everyone applying for life insurance from Financial Life Assurance Co of Canada must submit to a mandatory AIDS test or be denied coverage, the company's president said Tuesday.

Although most life insurance companies require people seeking coverage of \$200,000 or more to take blood tests, the new policy makes Financial Life the first insurance company in Canada to impose an AIDS test for any level of coverage, said president Hugh Haney.

Companies deny coverage to people who test positive for the AIDS antibody.

Financial Life hopes to avoid drastically raising premiums with the testing program, which begins Sept 15, Haney said.

"By testing everyone, we can keep our costs lower."

A recent study by the Mercantile & General Reinsurance Group of Toronto recommended insurance companies increase some premiums by as much as 40 per cent to compensate for the impact of AIDS.

Last year, 205 insurance claims valued at \$11.5 million on people dying of AIDS were made in Canada, statistics from the Canadian Life and Health Insurance Association show.

AIDS currently accounts for one per cent of death claims in Canada.

Across-the-board testing will remove suspicion applicants might have that they are being singled out because they are perceived to be members of high-risk groups, Haney said.

Other insurance companies will probably follow Financial's lead, at least to the extent of lowering the coverage level at which they will require tests, said Charles Black, a spokesman for the national insurance association.

### **Compensation for Hemophiliacs Proposal**

54200051 Ottawa *THE OTTAWA CITIZEN* in English  
5 Aug 88 p A5

[Article by Nicole Baer]

[Excerpts] Canadian hemophiliacs, who risk developing AIDS from contaminated blood products, are growing anxious over federal government delays in considering their request for financial compensation.

The Canadian Hemophilia Society sent a letter to Health Minister Jake Epp on May 5 asking to present its compensation proposals. The letter has not been answered.

The society estimates that nearly half of Canada's 2,300 hemophiliacs requiring blood products will eventually show evidence of contact with the deadly AIDS virus.

Most of them were infected before 1985, when the Canadian Red Cross changed its procedure for screening blood donors to weed out those who are infected by acquired immunodeficiency syndrome.

But because it takes about 7-1/2 years for a person to develop symptoms of AIDS, 70 per cent of infected hemophiliacs don't yet show signs of the disease. The crunch will come in the early 1990s.

Among other things, the proposal asks the federal government to provide financial relief to families of hemophiliacs who have been infected with the AIDS virus from approved blood products.

The Federal Centre for AIDS says 87 Canadians, including children, are reported to have developed AIDS from blood or blood products. Of those, 58 have died.

/9274

### **Increase in Cancer Linked To Weedkiller Prompts Studies**

54200049 Toronto *THE GLOBE AND MAIL* in English  
2 Aug 88 pp A1, A4

[Article by Christie McLaren]

[Excerpts] A rare form of lymphatic cancer that has been linked to the common weed-killer 2,4-D has been increasing steadily in Canada during the past two decades, federal statistics show.

The frequency of non-Hodgkin's lymphoma and the death rate from the cancer have doubled for both men and women at a time when most other kinds of cancer have been declining, said Howard Morrison, a cancer researcher with the Department of Health and Welfare's bureau of chronic disease epidemiology.

"It certainly is curious that the rates for non-Hodgkin's lymphoma are up," Mr Morrison said in an interview. "Most other cancers are dropping."

Non-Hodgkin's lymphoma is a cancer affecting the immune system that usually appears as a tumor in the lymph glands. The disease killed about 1,500 people in 1986.

"There's certainly strong suspicions for 2,4-D" as the cause, Mr Morrison said. "I'm not aware of anything else that's been definitively linked to non-Hodgkin's lymphoma."

Extremely effective at killing broad-leafed weeds, and cheap—\$2.50 worth will treat a hectare of land—2,4-dichlorophenoxyacetic acid is the backbone of weed-control programs in Canada.

About 5,000 metric tonnes are sprayed annually on seven million hectares of land, including wheat, oats, barley, rye and corn crops, city parks, golf courses and residential lawns, in commercial forests and under power transmission lines.

Concern about the cancer statistics, and two recent studies linking 2,4-D to the same disease in U.S. farmers, have prompted Ottawa to finance two studies to answer a nagging question: does the popular weed-killer pose a long-term health risk to thousands of grain farmers in the Canadian Prairies?

In the largest study of its kind in the world, Health and Welfare is examining the medical records of 360,000 farmers across Canada and comparing them with the number of acres of crops of pesticides, including herbicides such as 2,4-D, each farmer sprayed in 1970, 1975 and 1980.

Special attention is being paid to 70,000 farmers in Saskatchewan, the province that uses most of the 2,4-D sprayed in Canada each year. Preliminary results are expected in six months.

In another study, scientists at the University of Saskatchewan and McGill University propose to examine possible links between agricultural chemicals and four kinds of cancer related to the immune system—Hodgkin's disease, soft-tissue sarcoma, multiple myeloma and non-Hodgkin's lymphoma.

A pilot study should begin this year. If the full study is approved by Health and Welfare, the researchers would, beginning in 1989, interview 1,000 men who have cancer and 1,000 other men selected at random, to compare their exposure to pesticides and other farm chemicals.

"It would be the first study (of its kind) in Canada on farmers and agricultural chemicals," Dr James Dosman, director of the Centre for Agricultural Medicine at the University Hospital in Saskatoon, said in an interview.

The new studies of humans are emerging just as Ottawa is wrapping up a special review of the health risks and economic benefits of 2,4-D.

For at least two years, toxicologists in Health and Welfare have been reviewing scientific studies of 2,4-D's effect on laboratory animals.

When the review is complete, Agriculture Minister John Wise must decide whether to ban 2,4-D, restrict its use or keep it widely available.

The weed-killer 2,4-D was approved for use in Canada and the United States in 1946, before governments required detailed health studies. Worldwide sales of the chemical, which is an ingredient in nearly 1,000 products, amount to \$14-billion a year.

Scientists estimate that it takes about 20 years of exposure to a cancer-causing chemical before the disease becomes evident.

Federal statistics show that Canadians are developing new cases of non-Hodgkin's lymphoma at double the rate two decades ago.

In men, 12 cases were diagnosed for every 100,000 people in 1983, compared with 6.5 cases in 1969. In women, nine cases per 100,000 were diagnosed in 1983, compared with 4.6 in 1969.

Canadians also are dying from non-Hodgkin's lymphoma at twice the rate they did 35 years earlier.

In men there were six deaths for every 100,000 people in 1986, up from 2.8 in 1951, while in women, there were four deaths per 100,000, compared with 1.9 in 1951.

/9274

#### **E. Coli Illness Outbreaks Reported in Ontario, Saskatchewan**

54200050 Toronto *THE GLOBE AND MAIL* in English 29 Jul 88 p A8

[Excerpts] Sarnia, Ontario—With no new cases of a potentially fatal disease caused by toxic bacteria reported since Friday, health officials say they no longer fear an outbreak. Instead, they are focusing their efforts on determining where up to 13 people contracted the gastro-intestinal illness since the first case was reported on July 15, said Dr Lucy Duncan, an investigator at the Sarnia-Lambton health unit. "We're very encouraged that these are just a few isolated cases," Dr Duncan said. "Even the case reported on Friday involved a family member of one of the confirmed cases so we're optimistic that things are under control." Three years ago, the same bacterial strain was responsible for 15 deaths at a London, Ont., nursing home. In 1986, 48 cases were reported in Sarnia after a school trip to a nearby farm,

causing critical illness in three children. The bacterium *Escheria coli* 0157:H7 is generally linked to beef and dairy products. Dr Duncan discounts any connection to a similar outbreak of the disease among 71 patients at a Regina nursing home. She said the health unit has interviewed more than 300 people in its investigation and none of those afflicted has travelled outside the

county or received visitors from Saskatchewan. Meanwhile, the one child admitted to hospital in London has been sent home. Of Lambton cases, six are confirmed while seven are suspected. All but four of the cases involve children.

/9274

## INDONESIA

### Hepatitis Outbreak in West Kalimantan, Dengue in West Java

*Jakarta KOMPAS in Indonesian 12 Aug 88 p 1*

[Excerpts] More than 900 persons have suffered from hepatitis in Sandai subdistrict, West Kalimantan, in the past 2 months. Seven have died. In Pengalengan subdistrict, West Java, 358 persons have been hospitalized for dengue fever since 23 July. Fourteen have died.

## SOUTH KOREA

### Health Ministry Announces New AIDS Case

*SK1309022188 Seoul THE KOREA HERALD in English 13 Sep 88 p 3*

[Text] A 27-year-old AIDS virus carrier has developed full-blown AIDS, the Ministry of Health and Social Affairs announced yesterday.

The man, identified only by his family name of Kim, was recently diagnosed as suffering from pneumocystis carni pneumonia, a disease common to AIDS patients, a ministry spokesman said.

Kim tested positive for AIDS antibodies in April this year. At that time he showed laryngeal tuberculosis and other symptoms similar to those that develop before full-blown AIDS, the spokesman said.

An official said the new AIDS patient, who hawked goods in Seoul and Inchon, frequented bars in Itaewon before he was confirmed as a "sero-positive."

Figures released by the ministry show that 25 Koreans have so far tested positive for AIDS antibodies while four others have contracted the killer disease.

The total breaks down to 11 prostitutes and female employees of entertainment places; six oceangoing seamen; four overseas Korean residents; two workers employed by Korean firms doing business in foreign countries and six others.

Most of the AIDS victims, except two, were infected with the AIDS virus through sexual intercourse, according to the ministry. The two got infected with blood contaminated with the AIDS virus.

Four of the 29 AIDS victims have died. The remaining 25 people, including 10 women, are under surveillance.

Fifteen AIDS victims, including two patients, have been reported so far this year, up 67 percent over 1987 when nine were reported.

In 1985, there was only one known AIDS victim. The number of victims rose to four in 1987.

Under the Anti-AIDS Law that went into force January 1 this year, prostitutes and female employees of nightclubs, bars and other entertainment places are required to undergo AIDS antibody tests twice yearly. Sailors who work on oceangoing ships also must do so when they return home.

## VIETNAM

### Insect Infestation in Provinces Reported

*BK1009154588 Hanoi Domestic Service in Vietnamese 1100 GMT 9 Sep 88*

[Excerpt] According to the Vegetation Protection Department, 10th-month rice in various northern provinces has been developing favorably. However, insects, especially rice stem borers, exist in certain areas. By mid-August, the first litter of grown larvae had infested the early and late rice plantings, causing patches of riceplants of the Moc Tuyen variety to wither. In the provinces of the Bac Bo lowlands and midlands alone, the density of insect infestation averages 4-6 insects per square meter with the hardest-hit areas recording 10 insects per square meter.

### Pest Infestation Situation in North Reported

*BK0709070588 Hanoi Domestic Service in Vietnamese 0500 GMT 6 Sep 88*

[Summary] "At present, 10th-month rice is developing satisfactorily on more than 1.24 million hectares in the northern provinces and has been harvested from the early and main plantings in Hai Hung and Ha Nam Ninh Provinces." In other localities, 10th-month rice on the early and main plantings has grown ears and is expected to be in full bloom by 20 September.

Thanks to ample rainfall since early August, favorable conditions have been created for rice to develop more satisfactorily in all northern localities, except for Nghe Tinh and Thanh Hoa that are still affected by drought. Although there are still no serious problems concerning floods and flash floods, insects and diseases have appeared and developed further on many areas with a higher density than many previous years.

"According to the Vegetation Protection Department of the Ministry of Agriculture and Food Industry, as many as 160,000 hectares of rice in various provinces have been ravaged by *nigrospora oryzae*, rice bugs, paddy borers, and rice caseworms. The area affected by *nigrospora oryzae* alone accounts for nearly 70,000 hectares." In Hanoi, Ha Nam Ninh, and Haiphong, the infestation of this disease is increasing at a rapid rate and has caused riceplants to wither on a limited scale.

"Meanwhile, in Nghe Tinh and Thanh Hoa Provinces, rice bugs are spreading to tens of thousands of hectares of 10th-month rice with a density of 3 to 5 insects per square meter. In certain localities, the density is higher,



from 20 to 30 or even 200 insects per square meter." In each province, these insects have caused harm to a few thousands of hectares of 10th-month rice, which is in the late blooming stage.

In the days ahead, it is likely that rice bugs and green plant bugs will spread vigorously, stem borers of the fourth litter will continue to cause damage, rice case-worm flies will begin to appear, *nigrospora oryzae* will develop vigorously on a large area, and armyworm flies will appear in random areas. Along with intensively preparing facilities and materials for the control of waterlogging and drought at the end of the crop season,

all cooperatives and localities in the north should concentrate on guiding peasants in combating young ground beetles, stem borers, *nigrospora oryzae*, and armyworm flies.

Meanwhile, the Vegetation Protection Department must urgently coordinate with the sectors concerned in delivering insecticides and sprayers to all localities in support of the prevention and control of insect and disease infestation, not allowing it to spread on a large scale that could adversely affect the yield and output of 10th-month rice.

## ARGENTINA

### Specialists Predict 1 Million AIDS Cases by Year 2000

54002034a Buenos Aires LA PRENSA in Spanish  
22 Jun 88 p 12

[Text] Around 1.2 million persons could be carrying the AIDS virus in Argentina by the year 2000 should the number of infected persons continue systematically doubling annually, as it has over the past 5 years, according to theoretical estimates advanced by experts.

The annual doubling of the number of cases of record has been a constant since the first cases were reported in 1982, Pedro Caham, director of the Fernandez Hospital's Committee on Infectious Diseases, told NOTICIAS ARGENTINAS.

This hospital presently has a team of specialists assigned to the care of AIDS patients and to the study of means of preventing this epidemiological disease.

Caham stated that should this trend continue, there will be 1 million persons afflicted with the disease throughout the world by 1991, and "an vastly higher number of carriers of the virus among both men and women."

Dr Arnaldo Casiro, of the Infectious Disease Unit at the aforementioned hospital, stated to RADIO EXCELSIOR that "if we consider the growth rate of the disease worldwide, the future figures for Argentina, in terms of advance of the disease, will be alarming."

Casiro pointed out that the Fernandez Hospital "has no official budget" to deal with the growing number of AIDS patients, who, "to cope with the action of the virus, would have to be treated with a drug costing between \$700 and \$1,500."

The specialist added that "every individual carrying the virus can transmit it, and therefore those who are infected, even though they do not have the disease, must exercise the same care as if they did."

#### Homosexuals a Higher-Risk Group

In this regard, he stated that "statistically, a majority of the recorded cases are homosexuals, and we have recently begun to see a higher incidence of the disease among intravenous drug addicts."

He pointed out that infection, of men as well as women, can be transmitted through sexual intercourse, and that women usually transmit the virus via the blood stream through the joint use of syringes, via the placenta and maternal milk during pregnancy, and via the birth canal at delivery."

He stated that "between 10 and 30 percent of those infected by the AIDS virus develop the disease in Argentina," adding that "when we refer to the disease, we must begin to do so only at the point where the virus, upon attacking the immune system, acquires immunity within the body."

Further in this regard, a report by WHO [World Health Organization] mentions that "although the number of countries recording and reporting AIDS cases has grown, it is estimated that the real total of cases worldwide is double that shown in the official lists."

Although as of 1 April this year the total number of cases on record was 85,273, the WHO report states that "because of inadequate detection and incomplete reporting of cases to the national health authorities, the reported number is an insufficient estimate, and it is possible that the total throughout the world may approximate 150,000 persons."

#### Introduction As of This Decade

Regarding the spread of the disease, the document states that epidemiological and laboratory studies have established that "its transmission via body fluids appears limited to the blood, semen, and vaginal and cervical canal secretions."

It is estimated that "infection in the general population is running at a level of over 50 percent among persons considered to be at high risk for reasons of life style, such as men with multiple sex partners and intravenous drug addicts."

Lastly, the report indicates that AIDS "was introduced around the beginning of the present decade through homosexual and heterosexual intercourse, or through contacts with prostitutes in zones where the disease is endemic."

9399

### National Conference Deals With AIDS Problem Among Prisoners

54002034b Buenos Aires CLARIN in Spanish  
6 Jul 88 p 32

[Text] The Third National Prison System Conference, designated as being of national interest, and held on the 30th anniversary of promulgation of the National Prison System Law (Decree Law 41.258), addressed "the real AIDS situation in Argentina and its incidence in the prison population."

By way of introduction, Dr Jorge Angel Benetucci, head of Unit 17 of the Doctor Francisco Javier Munia Hospital, referred to the problem engendered by AIDS on a

world level, owing to its progressive spread, and indicated that, in the absence of effective control measures, "the percentage of reported cases as of 1987 can be expected to rise by a factor of 10 in the 4-year period between 1987 and 1991."

Discussing the Argentine situation, Dr Benetucci stated that Units 1 and 3 have carried out various studies of the different risk factors that characterize the disease, as well as the median age and length of imprisonment, in the prison population.

He said the studies involved 376 samplings of blood, among men and women, and that the ages of the male prisoners ranged from 18 to 60 years, while those of the female prisoners ranged from 19 to 73 years.

Information obtained from the analysis indicated that of the 376 samples, 267 were obtained from male patients of whom 253 were heterosexual and 14 were bisexual; 135 of the males sampled were intravenous drug addicts while the remaining 132 males exhibited no drug addiction whatsoever.

Of the 109 female prisoners, 92 were heterosexual, 12 bisexual, and 5 homosexual; 40 of them were addicted to intravenous drugs.

As to length of imprisonment at the time of the studies, he stated that uninfected males represented a period of imprisonment of between 1 and 51 months, while the period of imprisonment among the infected males ranged from 1 to 28 months. The period of imprisonment among uninfected women ranged from 1 to 209 months; and among infected women, from 1 to 9 months.

"Consequently," he stated to CLARIN, "these statistics indicate that all infections developed around the end of 1986 and beginning of 1987. And above all else," he emphasized, "there is a fundamental need to understand that AIDS is not only a medical problem, but one that concerns our society as a whole. Our society must provide an affirmative and nondiscriminatory response," he concluded.

9399

## EGYPT

**First AIDS Autopsy Prompts Extra Precautions**  
54004618A Cairo AKHBAR AL-YAWM in Arabic  
9 Jul 88 p 11

[Article by Husayn 'Abd-al-Qadir]

[Text] To be sure, this was not an easy job nor an ordinary day in the life of workers at the Zaynahum morgue last week. For how could it have been an easy job and an ordinary day when they received the body of the first AIDS victim in Egypt?

The morgue's telephone had been ringing continuously since 9 am, and the topic of all conversations was the autopsy performed on the body of young Fawzi, an AIDS patient who died while trying to escape from Hamiyat Hospital.

On the phone was chief medical examiner Dr Muhammad al-'Iraqi, reassuring Ministry of Health officials that the morgue had taken all necessary precautions to ensure that no AIDS virus would escape from the body before, during, or after the autopsy, while medical examiner Dr Sami al-Jundi, who was scheduled to perform the autopsy, was making sure that everyone was donning surgical gloves, masks, and special rubber shoes.

While the body was being carried from the refrigerator to the autopsy room, everybody in the long hallway suddenly vanished as though the ground had opened up and swallowed them! Dr Sami al-Jundi began his job after the pajamas which the AIDS victim was wearing before he died were burned. The body was doused in highly concentrated chemicals to disinfect it, and the job took 40 very long minutes. The body was once again cleaned with chemicals, and the doctor and his assistants took off their clothes, gloves, and shoes and tossed them into a very hot fire!

They asked the medical examiner the reason for all these measures, and he said that AIDS is transmitted through sexual contact, open wounds, or blood transfusions, and caution is essential!

12502

## INDIA

**Ill Bombay Prostitute Said To Carry AIDS Virus**  
54500164 Bombay THE TIMES OF INDIA in English  
18 Jul 88 p 5

[Text] Bombay, 17 July—A 27-year old prostitute from the city's red light area who was admitted to the J.J. Hospital on 7 July, is suspected to be infected with AIDS, public health authorities confirmed here today.

The western blot method carried out by the National Institute of Virology, has concluded that the AIDS virus had entered the woman's body but her case had not become a "full-blown" one yet.

The victim was admitted to the hospital with symptoms of malaise, fever and sweating on 7 July at 11:40 a.m. and was transferred to the skin and VD ward where she was isolated for treatment.

Dr M.S. Bhadkamkar, joint director of health services and state's AIDS officer, clarified that this was the second case of AIDS though it appears to be a "clinically infected one" as the symptoms and signs of the disease were absent.

Unlike in the first case where the disease had developed and progressed to a stage where the victim succumbed to the scourge on 19 June, the second victim, in all probability, may survive for a longer period than the first, he said.

Generally, Dr Bhadkamkar pointed out, barely 20 percent of the infected people actually developed the disease which could take from 29 months to 5 or more years to manifest itself.

He said the human immuno-deficiency virus had entered the woman's body and all investigations were currently being carried out to check its advance.

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**'Indian Strain' of AIDS Suspected in Madras Death**  
54500163 Bombay TIMES OF INDIA in English  
19 Jul 88 p 9

[Text] Madras, 18 July (PTI)—India's first death of an AIDS-positive patient who acquired the virus 'indigenously' occurred in Vellore, Tamil Nadu, on 14 May.

The patient, 58-year-old teacher, is suspected to have been infected when he underwent a blood transfusion at the Christian Medical College Hospital, Vellore, authoritative sources said.

They said checks on the donor of the infected blood had revealed that while being promiscuous, he had not had any outside contact, giving rise to the question whether there was an 'indigenous' strain of the AIDS virus.

/12232

**Epidemics Taking Heavy Toll in Bihar Towns**  
54500166 Madras THE HINDU in English  
23 Jul 88 p 11

[Text] Patna, 22 July—Jaundice, cholera, gastro-enteritis and enteric fever have broken out in an epidemic form in many towns of Bihar, including the State capital,

Patna, and in the countryside as a result of the highly polluted water supply. No official figures of the number of deaths caused by these diseases are available, but children are the worst victims.

According to unofficial sources, however, in the state capital, out of an average of 200 to 250 patients afflicted with these ailments, at least 40 are dying every day. The normal functioning of the Patna Medical College Hospital and Nalanda Medical College Hospital has been affected on account of the prolonged strike by junior doctors and on an average only 50 to 60 patients are admitted in the former and 30 to 35 patients in the latter. Those who can afford it, prefer to be treated in the highly expensive private clinics of government or private doctors.

Biharsharif, the district headquarters of Nalanda, is among the worst-hit towns in the state where scores of patients, mostly children, have died of these epidemics, which have assumed alarming proportions, Dr Isri Asraf, a private practitioner of Biharsharif, told this correspondent over trunk telephone last night that although he was attending to the patients round-the-clock, he was unable to cope with the unusually large number of cases being brought to him. "It is humanly impossible for me to treat such a large number of patients," Dr Isri Asraf, who is a general physician, said.

Doctors in Patna say the epidemic cannot be controlled as long as drinking water remains polluted. To make matters worse, Patna and other towns of the state are striking in the wake of the 56-year-old strike by the employees of corporations and municipalities, which ended only two days ago. In between there was a strike by the Patna Water Board employees.

Following a directive to the State Government by the Patna High Court to install chlorinators to purify potable water in Patna, Rs 12 lakhs was allotted by the government to the Patna Water Board, which in its turn bought 52 chlorinators from a Calcutta-based firm allegedly without testing their quality.

/12232

### Papers Report on Spreading Cholera Epidemic

#### Delhi Death Toll

54500165 New Delhi PATRIOT in English  
28 Jul 88 p 3

[Text] While reporting 11 more cholera/gastro-enteritis deaths in the capital on Thursday, the Delhi Administration's official release put the toll at 180. Incidentally, 171 deaths were reported till Wednesday.

The mystery of two missing cases is not a typing error but a failure of the administration's 'statistical machinery.' The mistake, which was made on Monday, was noticed only on Thursday.

Explaining the error, the official spokesman said that on Monday the death-roll was declared as 143, which included 2 deaths reported from the All-India Institute of Medical Sciences. However, it was later confirmed that no cholera deaths had taken place at the hospital that day, the spokesman added.

Of the 11 deaths reported on Thursday, 3 each were reported from GTB and JP Hospitals, 2 each from the AIIMS and Safdarjung and 1 from the ESI Hospital.

Out of the 238 fresh cases of cholera/gastro-enteritis admitted to different hospitals on Thursday, 34 were confirmed to be cholera positive, taking the tally of such cases to 505. So far 14,712 patients have reported to various hospitals for treatment of cholera/gastro-enteritis and about 7,333,000 people inoculated against cholera, according to the official release.

#### April Figures Suppressed

54500165 New Delhi PATRIOT in English  
27 Jul 88 p 1

[Article by Soma Basu]

[Text] Did the cholera 'epidemic' in the Capital this year actually break out in April and not in July, as, is being officially claimed?

Documentary evidence available in the microbiology laboratory of the JP Hospital shows from that April to June at least 44 confirmed cases of cholera were reported, while the number of such cases in July till date is 45. However, the hospital authorities deny all cases between April and June and put the figure for positive cholera cases in July at four only.

On 31 May, in-charge of the diarrhoea ward of the paediatric department Dr S.K. Mittal wrote a letter (No FI/II/88 MC/Paediatic 681) to the medical superintendent stating that "we have received 26 cholera cases this month and informing the hospital authorities that there was a "sudden spurt" in the number of cases.

In another letter (No I/II/88-MC/Paediatic/710) dated 4 June, Dr Mittal, in response to an enquiry from the MS office, gave the areawise distribution of these cases, which indicated that most of the cases were from Trans-Yamuna and Old Delhi areas with a few in other corners of the city.

#### No Action

According to sources, the authorities failed to act on either of these letters. The Delhi Administration was also not notified about the cases. If timely action had been taken the situation wouldn't have turned so grim, pointed out senior doctors of the Paediatric Department.

Microbiology laboratory technicians also revealed that they had identified and isolated a common strain of the cholera bacteria in all the 99 cases reported between April and July. The serotype "Ogawa" has been established in all these cases, yet efforts to send them to the National Institute of Communicable Diseases have not been made, lamented a doctor.

**Cholera strain:** A lot of hue and cry has been created over the identification of the cholera strain and hence the "ineffectiveness" of anti-cholera vaccine is being explained. It was only last week that the Municipal Health Officer disclosed (based on NICD reports) that the strain had been isolated as cholera ELTOR.

But had the JP Hospital authorities informed the Administration's health department about the strain identified in their laboratory, more specific measures could have been taken by now, said a paediatrician. The paediatric ward acted on time but for "reasons unknown" the hospital administration turned a blind eye, doctors complained.

It is learnt that when Health Minister Motilal Vora went on an inspection of JP Hospital last Friday and specifically asked accompanying officials about arrangements made for the isolation of cholera cases in the hospital Deputy Medical Superintendent Dr Kailash Raizada informed "that there was no cholera cases reported in the hospital."

This "misleading" answer has baffled quite a few doctors in the hospital. Four positive cases of cholera were reported in April, 26 in May, 14 in June and 45 in July, as per the hospital's own records, yet the DMS evaded the authentic response.

When this reporter contacted the DMS to find out "why," he insisted that the mentioned number of cases had "only undergone stool examination to confirm the presence of cholera" and maintained that the number reported from his hospital so far is just four. And that is what the daily Delhi Administration release also claims.

Doctors in the paediatric department are also puzzled as to why the suspected cholera cases from the medicine department are not being sent to microbiology laboratory for confirmation tests. Besides, a special diarrhoea ward run by the paediatric department for the last 1 year was suddenly closed down on 7 July. The only reason could be to show the administration that "we are not receiving many cases," pointed out some agitated doctors. But where is the need to hide the real facts. This question is bothering many a concerned staff of the hospital.

#### Walkout in Parliament

54500165 Madras THE HINDU in English  
28 Jul 88 p 6

[Text] New Delhi, 27 July—The entire Opposition in the Rajya Sabha today walked out in protest against the

Health Minister, Mr Moti Lal Vora's "unsatisfactory" reply to the demand for fixing political responsibility for the cholera outbreak in the capital and action against the guilty.

Mr Vora who was replying to clarifications sought by members on his statement on the issue, said dismissal of the Lt Governor or some other officials would not solve the problem. Concerted action was immediately needed to tackle the problem.

Members said the outbreak of the cholera epidemic in Delhi indicated the failure of the Government and its agencies in providing the most basic necessities to the people. The administration had failed to react to reports of people dying of gastro-enteritis and cholera for 3 weeks and it was only after the prime minister, Mr Rajiv Gandhi visited the affected localities on 22 July that "a time-bound action plan" was launched.

Mr V. Gopalsamy (DMK) said that cholera had returned to India—declared free of the disease by the World Health Organisation because the government chose to divert scarce funds for holding international "melas" like the Non-Aligned Meet.

Mr M.S. Gurupadaswamy (Janata), Mr Ramnarayan Goswami (CPI-M) and Mr Gurudas Das Gupta (CPI) demanded that the Delhi Lt Governor, Mr H.L. Kapur and senior administration officials resign for "their failure" to tackle the situation in a responsible manner.

Prof C. Lakshamanna (TDP) said the minister in his statement had made no mention of areas in West Delhi affected by the epidemic. Opposition members, he said, had visited Raghbir Nagar in West Delhi, among other areas, where they found piles of garbage, choked drains, unsafe water supply and numerous people suffering from the disease.

**Government Action promised:** In the Lok Sabha, the Home Minister, Mr Buta Singh, assured the members that immediate action would be taken against those responsible for the situation leading to the outbreak of cholera and gastro enteritis.

The minister was responding to clarifications sought by several agitated members immediately after health minister, Mr Motilal Vora made a statement about the outbreak of cholera in the Trans-Yamuna colonies.

Over 12,000 cases reported: In his statement, Mr Vora said the number of such cases reported till yesterday was 12,529, of which 427 had been identified as cholera positive. The outbreak was caused mainly by contamination of water as residents in the affected areas had been getting water from handpumps, which were submerged under rain water and contaminated with accumulated garbage and faecal matter.

Mr Vora said a time-bound programme had been drawn up for the control of the outbreak, which included expeditious removal of garbage, cleaning of choked drains, ensuring availability of potable water, sending mobile medical teams and mass inoculation.

The government was continuously monitoring the implementation of the preventive and curative measures. A massive immunisation programme for prevention of cholera, with a target of nine lakh people, had been launched and five lakh people had been inoculated this month.

#### **Uttar Pradesh Deaths**

54500165 *New Delhi PATRIOT in English*  
29 Jul 88 p 2

[Text] Lucknow, 28 July (PTI)—At least 157 people, including women and children, have so far died of cholera and gastro-enteritis in 30 districts of Uttar Pradesh during the current monsoon season, the joint director of the State Directorate of Medical and Health Services, Dr V.N. Misra said today.

Dr Misra said the dreaded diseases were spreading in an epidemic form mainly in the northern and eastern parts of the state.

Her said Varanasi, Mizapur, Meerut and a part of Ghaziabad were the worst affected districts, with the maximum number of 22 casualties being reported from Varanasi.

Union Minister of State for Agriculture, Shyam Lal, visited the affected areas in Varanasi and instructed medical authorities to take necessary steps to check the epidemic on a war footing.

He said the outbreak was caused mainly by contaminated drinking water and accumulation of garbage. A time bound programme was required to control the epidemic, he added.

#### **Outbreak in Calcutta**

54500165 *Calcutta THE STATESMAN in English*  
27 Jul 88 p 3

[Text] Close on the heels of the Behala oil tragedy an outbreak of gastro-enteritis and Cholera the city has created new difficulties for the Calcutta Municipal Corporation authorities. The outbreak was reported from different parts of the city and between Saturday and Tuesday at least 251 such patients were admitted to the Infectious Disease Hospital at Beliaghata, according to the hospital sources. About 54 patients suffering from gastro-enteritis were admitted to the hospital on Tuesday.

Mr Subodh Dey, member of the Mayor-in-Council in charge of health, however, said 24 patients were admitted to the hospital between Saturday and Monday. He also claimed that none of the patients was suffering from cholera.

The Mayor, Mr Kamal Basu, said it was not a very serious matter as the outbreak was stated to be a normal annual occurrence that takes place during and after monsoon. He said the magnitude of the outbreak was being studied and officials had been instructed to try and contain the spread of the disease.

Mr Dey, who also described the outbreak as a normal annual occurrence, said special attention was being paid to the localities adjoining the Corporation area in the wake of a few deaths at Sonarpur. The worst-affected areas within the Corporation area were Tiljala and Tangra, he added.

The civic authorities have taken some steps to check the spread of the disease. Health officers have been asked to disinfect the water sources, collect water samples and start inoculation drives.

The state government has sent a team of doctors to Rishi Rajnagar Gram Panchayat near Garia in the South 24-Parganas on Tuesday following a report of an outbreak of gastro-enteritis in the area. Mr Prasanta Sur, Health Minister, said that no details were available so far.

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## FRANCE

### Increase in Number of AIDS Cases, Decline in HIV Virus

54002538 Helsinki HUFVUDSTADSBLADET in Swedish 12 Aug 88 p 7

[Article by Nina Sergelius]

[Text] AIDS, the disease attacking the immune system, has increased in Finland, at the same time as the cases of HIV virus, which leads to AIDS, have dropped.

"Today, the situation is that 22 new cases of HIV virus have been diagnosed during the first 6 months of this year, while the corresponding figure a year before was 35 new HIV-positives." This was reported by Satu Hovi, an inspector at the Medical Administration.

"At the same time however, more people are ill with AIDS. So far, 36 cases of AIDS have been detected. At the start of this year, Finland had 24 cases of AIDS," added Hovi.

Of the 36 persons hit by AIDS, 20 have died, and of the 16 who carry the illness, 3 are living abroad.

Hovi pointed out that the number of HIV cases tends to increase toward the end of the year, when the results of romances of spring and summer begin to bear fruit. In fact, it may take several months before the disease is seen in blood tests.

Altogether in Finland, 226 cases of HIV-positive have been diagnosed, and the number includes the 36 cases where the virus has led to AIDS.

Hovi estimates that a little over 200 Finns currently are carrying the HIV virus, which sooner or later in turn leads always to death.

### Now in the Aland Islands

"Over 30 of the HIV-virus carriers are foreigners," reported Hovi, pointing out that by no means all of them are living in Finland. "Some have had themselves tested here, subsequently returning to their homeland."

Hovi stated that it is only in Oulu County where no cases of HIV or AIDS are found.

"The Aland Islands were long free of HIV, but now the disease has spread there also," said Hovi.

He reported that people have had themselves tested for AIDS in large numbers also this year. Hovi also stated that the HIV disease has not spread among the heterosexual population to the extent feared at one stage.

"AIDS continues to be an illness affecting well educated, middle-aged men," he asserted.

According to the most recent international statistics from 31 July, today the world has 108,176 registered cases of AIDS.

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## GREECE

### Poll Results on Popular Attitudes Toward AIDS

54002526 Athens KYRIAKATI KI ELEVETHEROTYPIA in Greek 3 Jul 88 pp 44-45

[Report by Khristina Korai]

[Text] Four out of five inhabitants of western Attiki believe that the number of AIDS cases in our country will increase this summer with the influx of tourists. Of this number, 77 percent propose that tourists must have a health certificate, 3 percent propose that tourism be restricted and 2 percent propose an altogether extreme and unfeasible measure, namely the closing of the frontiers! Only 5 percent propose properly informing the citizens about AIDS.

It must be pointed out that the same people, by a margin of one to two, place AIDS alongside pollution (in association with nuclear and radioactive substances) and unemployment as the three primarily serious problems being faced by modern Greek society. Specifically, the AIDS and pollution issues show the great concern of the citizens about these problems that constitute a matter of life or death.

The above statistics come from a poll conducted by students of the visiting nurses division of the TEI [Technological Training Institutes] of Athens in November and December 1987 within the context of the course "Research Methodology."

The poll was conducted in nine municipalities of western Attiki (Agiioi Anargyroi, Agia Varvara, Aigaleo, Kama-tero, Nea Liosia, Nea Khalkidona, Peristeri, Petroupolis and Khaidari). The population sample taking part in the poll—816 persons of whom 397 were men and 419 women—was chosen on strictly scientific criteria.



TABLE 1. AIDS and Pollution  
(in percent)

Problems	Men				Women			
	16-25	26-35	36-49	Total	16-25	26-35	36-49	Total
Age								
Pollution—radioactive and nuclear substances	53	59	63	59	70	73	56	66
Unemployment	65	58	50	58	51	49	53	51
AIDS	47	43	46	46	56	41	36	45
Crime	36	39	42	39	43	45	39	42
Possibility of war	29	28	27	28	28	28	40	32
High cost of living	21	31	31	27	11	22	29	20
Highway accidents	16	14	14	15	10	13	15	13

### 'From Door to Door'

The role of the students was to gather answers on the question sheet by going "door to door." This was followed by a statistical analysis of the answers on a computer by the poll coordinator Giannis Khliaoutakis, a sociologist and teacher of the course "Research Methodology." Cooperating in the poll were Katerina Tzortzi, a sociologist, and Melpomeni Stoikidou, a visiting nurse; both teach at the TEI.

The first part of the poll related to informing the public about AIDS (published in the 14 April 1988 issue of *ELEVTHEROTYPIA*), while the second part, being published today in *KYRIAKATIKI ELEVTHEROTYPIA*, relates to the topics: AIDS and tourism; precautionary examinations; AIDS in relation to other serious social problems (high cost of living, unemployment, possibility of war, pollution, etc.).

TABLE 2. To what extent are you afraid of AIDS?  
(in percent)

	Men				Women			
	16-25	26-35	36-49	Total	16-25	26-35	36-49	Total
Age								
For your social milieu	36	34	24	31	40	19	23	28
For your family	8	7	12	9	8	8	11	9
For yourselves	16	6	7	10	11	7	3	7
For all of the above	2	2	2	2	1	2	2	2
For none of the above.	38	51	55	48	40	64	61	54

### A Few Conclusions

A few of the most important conclusions of this part of the poll were the following:

1. In case their sexual partner were to be infected by the AIDS virus, seven in 10 of those polled said they would cut off the relationship at once (32 percent) or would discreetly back out (15 percent) or would maintain only friendly relations (23 percent). Only 30 percent would continue the relationship by taking prophylactic measures.

The overwhelming majority of those polled—92 percent—believe that the danger of getting AIDS does not affect them personally.

2. A 50 percent of those polled maintain that it is the responsibility of the citizens themselves to undergo AIDS tests, while 29 percent feel that all citizens between 16 and 58 years of age must undergo AIDS tests whether they like it or not.

This is followed by an analysis of poll statistics in a simplified manner so as to be understandable to the reader.

A 59 percent of men and 41 percent of women would agree to undergo an AIDS test in case their sexual partner were to request it.

A 37 percent of men and 52 percent of women would agree to it on condition that the sexual partner would also consent to taking the test.

A 3 percent of men and 6 percent of women would refuse to take the test.

However, regardless of the fact that a large number of those polled agreed to take the test in case the partner were to request it, 6 percent of men and 11 percent of women, finally, would have a psychological problem about it. In other words, their feelings vis-a-vis their partner would be upset if they were asked to take a test.

A 9 percent of men and 12 percent of women answered that it would "perhaps" bother them, while 7 percent "did not know" how they would react to such a question by their partner.

The majority, at any rate, that is 78 percent of the population, maintain that their feelings toward their partner would not be upset if the partner asked that they be tested for AIDS.

TABLE 3. If your partner has AIDS  
(in percent)

Age	Men 16-25	26-49	36-49	Total	Women 16-25	26-35	36-49	Total
I would cut off the sexual relationship	27	27	34	29	26	40	39	35
I would discreetly back out	19	19	13	17	17	8	16	14
I would maintain only friendly relations	38	17	18	25	30	20	14	21
I would continue with prophylactic measures.	16	37	35	29	27	32	31	30

### Fear of Catching AIDS

About half the population (51 percent) believes that there is a danger that they themselves or someone in their family or social milieu would get AIDS, while 49 percent believe that such a danger does not concern them. More specifically, 31 percent of men and 28 percent of women believe that someone in their social milieu might get it. A 9 percent believes that a member of their family might get it, while 10 percent of men and 7 percent of women believe that they themselves are in danger in getting it.

On the other hand, 48 percent of men and 54 percent of women believe that there is no danger for themselves, their family or social circle.

A 29 percent of men and 35 percent of women polled would cut off their relationship in case their sexual partner would be infected by the AIDS virus.

A 17 percent of men and 14 percent of women would discreetly pull back, while 25 percent of men and 21 percent of women would maintain only friendly relations.

A 29 percent of men and 30 percent of women would continue their sexual relationship by taking prophylactic measures.

TABLE 4. If your partner asked that you be tested (in percent)

Age	Men 16-49	Women 16-49
I would be upset	6	11
I would perhaps be upset	9	12
I would not be upset	78	70
I do not know	7	7

### AIDS Test

A 31 percent of men and 27 percent of women believe that the entire population between 16 and 58 years of age must take an AIDS test.

A 13 percent of men and 16 percent of women leave the right of choosing to do so to the individual himself, while, on the other hand, 45 percent of men and 50 percent of women believe that "it is the responsibility of every citizen" if an AIDS test is to be taken or not.

A small percentage—3 percent of the population—believes that the test is necessary.

A 77 percent of the population believe that now with summer here and with the increased number of tourists coming to our country the number of AIDS cases will increase. Only 6 percent of men and 4 percent of women do not link tourism with AIDS, while 15 percent of men and 16 percent of women say that they do not know if the number of AIDS cases will increase because of tourism.

Of the overall number of this polled who answered that the number of AIDS cases will increase this summer from the influx of tourists, 74 percent of men and 81 percent of women proposed that tourists should be provided with a health certificate.

A 2 percent proposed that the frontiers be closed and 3 percent of men and 4 percent of women proposed that measures be taken to restrict tourism.

A small percentage—2 percent of men and 1 percent of women—proposed that tourists be tested for AIDS at the frontier before entering the country.

A 13 percent of men and 8 percent of women proposed that nothing whatsoever be done. A small percentage—6 percent of men and 4 percent of women—proposed that a protective measure against AIDS and irrespective of its connection with tourism the citizens be properly informed about AIDS.

TABLE 5. Is tourism to blame and to what extent? (in percent)

Age	Men				Women			
	16-25	26-35	36-49	Total	16-25	26-35	36-49	Total
Yes	68	79	83	77	66	87	80	77
No	7	5	5	6	3	2	7	4
Perhaps	22	14	10	15	30	7	9	16
I do not know	3	2	2	2	1	4	4	3

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## ICELAND

### 20 Percent Screened for AIDS

54002539 Reykjavik NEWS FROM ICELAND in English 20 Sep 88 p 2

[Text] Twenty percent of Icelanders between 15 and 64 have been screened for the AIDS virus, according to information from the National Bureau of Public Health. This positive response to a publicity campaign about AIDS is far higher than in other Nordic countries, where 10-15 percent have been screened.

Members of high-risk groups, such as homosexuals, drug users, etc., have proved disproportionately reluctant to undergo screening, however. Forty-two cases of AIDS have now been diagnosed in Iceland. The majority are homosexual or bisexual males, while four women have contracted the disease—one of them by blood transfusion. An exception to the general pattern of AIDS infection is that no hemophiliacs in Iceland have caught the disease via blood transfusion. Iceland is now [in] the 10th to 12th place in Europe in terms of the incidence of AIDS.

## NORWAY

### Confidentiality Rules in Treating Aids Being Reassessed

54002533d Oslo AFTENPOSTEN in Norwegian 18 Aug 88 p 3

[Article by Lars Rise: "Confidentiality Pledge for HIV Reassessed"]

[Text] The confidentiality rules in connection with HIV testing will now be reassessed. Physicians can be ordered to provide information about HIV test results when there is reason to fear that other persons may become infected. Yesterday, Minister of Justice Helen Bosterud sent a letter to Minister of Social Affairs Tove Strand Gerhardsen in which she refers to a possible need for changing the physicians' responsibility law.

Behind the proposal is an inquiry to cabinet minister Bosterud from the Justice Committee's deputy leader, Harald Ellefsen (Conservative Party). He believes that the current rule for enforcing the confidentiality pledge protects perpetrators of violence. The confidentiality

pledge can cause tremendous mental burdens for police officers or prison guards who are attacked by prisoners known to belong to high-risk groups.

### Refusal

"We've recently had several examples of police officers and jailers who were so badly bitten by pugnacious prisoners that blood flowed. What's also happened is that arrestees—in order to spread fear—have sought to intimidate people by saying they have AIDS. A while back, a police officer in Oslo had a harrowing experience: a criminal junkie insisted on his right to refuse to take a blood test, despite the fact that he had badly bitten the police officer during an arrest and claimed, in addition, he was infected with HIV," says Ellefsen to AFTENPOSTEN.

### For Months

In this case, the police officer had to live for months with uncertainty and anxiety. Because the criminal refused to consent to an HIV test, the district attorney first had to obtain a court order to have the test performed. "When someone is stopped and suspected of drunken driving, you're automatically allowed to perform a blood test, even without the consent of the accused. It's high time we also considered simplifying the procedure for HIV testing in situations where it obviously ought to be done," says Ellefsen. He promises the government it can count on broad support if the recommendation is made to change the rule the way the Conservative Party wishes.

In her letter to the Minister of Social Affairs, the Minister of Justice points out that the concept "patient," as is evident from paragraph 26 of the physicians' responsibility law, does not include persons who may be infected by the patient. Today a physician presumably has no duty to inform possibly infected persons about the risk. A change should therefore be seriously weighed so that consideration for preventive health care receives top priority, reads the letter.

12327/12223

### Public Health Department Supports Free Medical Care for HIV Carriers

54002533b Oslo ARBEIDERBLADET in Norwegian 6 Aug 88 p 4

[Article: "Free Medical Care for HIV Carriers"]

[Text] Trondheim—The Public Health Department recommends that HIV carriers receive free examinations,

consultations, and guidance. Those who visit the health service for HIV antibody testing should also be exempt from paying. This emerges from a letter from the Public Health Department to the Ministry of Social Affairs, to the National Social Insurance Administration, and to county physicians.

The reason for this proposal is that the financial plight of many HIV carriers is such that they avoid seeking medical help because of the copayment. The measure would assure that as many persons as possible visit the public health service to have themselves tested or to get help and guidance.

12326/12223

### **Intravenous Drug Users Found Frequent Takers of HIV Test**

54002533a Oslo AFTENPOSTEN in Norwegian  
15 Aug 88 p 4

[Article by Kristin Flood: "Drug Addicts Have Themselves Tested Often for HIV"]

[Text] Intravenous drug users are quick to have themselves tested for human immunodeficiency virus (HIV). New studies by the State Institute for Alcohol and Drug Research indicate low numbers of intravenous drug users test positive for HIV.

At the turn of the year, the State Institute for Public Health had registered 236 HIV-positive intravenous drug users. It is assumed that there are between 70 and 100 unregistered HIV-positive intravenous drug users. This emerges from an article by Ole-Jorgen Skog and Astrid Skretting, of the State Institute for Alcohol and Drug Research, in a recent issue of the Medical Society's journal.

The institute has examined and interviewed intravenous drug users picked up by Oslo police during the autumn of 1987. The results show that it is common for intravenous drug users to have themselves tested to find out whether they are infected with HIV. Seventy-eight percent of those picked up had had themselves tested, more women than men. Most of those with the highest risk—but few of those with the lowest risk—had had themselves tested.

Few of the substance abusers examined share needles with others: nearly 80 percent replied that they never did, while 20 percent said they did now and then. In the group of those who occasionally shared needles with others, more HIV-positive persons were found than among those who never lent needles.

12327/12223

### **New Treatment for Condyloma Reported**

54002533c Oslo AFTENPOSTEN in Norwegian  
11 Aug 88 p 4

[Article by Anne Lise Stafne: "New Medication for Dangerous Venereal Disease"]

[Text] The venereal disease condyloma—venereal warts—is receiving more and more attention from physicians and health authorities. The warts are caused by a virus which is also closely linked to cancer of the genitals, so early diagnosis and treatment are very important. The Swedes have developed a new medication for condyloma which is now used in all the Nordic countries and is on the way to the international market.

For a number of years Norwegian physician Geo von Krogh, of the Caroline Hospital in Stockholm, has studied the human papiloma virus which causes condyloma. He also has good experiences with the new drug Wartec, which is used to swab the warts.

"Roughly half of those treated with the drug are cured of visible warts, and four out of five persons become better after repeated treatment," says Geo von Krogh.

Condyloma appears in three forms: as pointed warts, as a slight swelling, or as a flat, practically invisible tumor on skin or mucous membrane. The disease is transmitted primarily by sexual intercourse, and occurs most often in the age group 15-29. There are thought to be roughly 4,000 cases in Norway, but there are probably more persons who are infected without knowing it. The time between initial infection and outbreak of condyloma is 1-8 months, and this makes the disease difficult to fight.

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## **SWEDEN**

### **Fewer HIV Cases Despite Youth Apathy Toward Campaign**

#### **HIV Spread Forecast Worse**

54002527a DAGENS NYHETER in Swedish  
15 Jul 88 p 6

[Article by Anette Nyman: "Fewer New HIV Cases"]

[Text] HIV-infection is not spreading as rapidly in Sweden as had been feared by researchers. The number of reported HIV-cases dropped from 32 cases in January to 23 in May.

However, the annual statistics, which according to SBL [National Bacteriological Laboratory] are rather unreliable, showing figures which are somewhat too high, nevertheless clearly reveal that the number of recorded cases in Sweden is declining.

In 1985, when the recording of HIV-cases began, 763 persons were recorded as HIV-positive. In 1986, the figure was 577, and last year 435 cases were recorded. That is less than 2,000 HIV-positive people in Sweden.

Seventy percent of the country's HIV-infected are found in Stockholm. Dr Karl-Fredrik de Ron, a physician involved in the prevention of contagious diseases, Karolinska Hospital, states that approximately 10 people in Stockholm are recorded as HIV-positive every month.

"However, it is difficult to assess the actual spread of the epidemic. The test merely shows that a person is HIV-positive, but it does not show for how long that has been the case," says Dr de Ron.

In Stockholm, approximately 500 cases of klamydia are recorded every month.

"That is considerably less than expected by the National Board of Health and Welfare. In its report, which forms the basis for the recording, since 1 April, of klamydia as a venereal disease, the National Board of Health and Welfare estimated that approximately 1,500 cases would be reported every month," says Dr de Ron.

When gonorrhea infections were at their highest level, 11,038 cases were recorded. That was in 1971. Since then, the number of reported cases has been continuously declining. In 1987, only 694 cases were reported.

"Syphilis has been nearly eradicated," says Dr de Ron.

Every year, 30 cases are reported in Stockholm. Compared to 188 cases in 1973. Syphilis primarily affects people within the 20-40 age range. Gonorrhea and klamydia, on the other hand, first and foremost affect young people in their twenties. Isolde Julin, a nurse with the department of dermatology and venereal diseases at Karolinska Hospital, encounters many teenagers in her work every day.

"They come here to find out if they have become infected with some kind of venereal disease."

#### **Youth Discount AIDS Threat**

54002527a Stockholm DAGENS NYHETER in Swedish  
16 Jul 88 p 7

[Article by Katarina Hjordisdotter: "Researchers on Young People and AIDS: They Are Not Afraid"]

[Text] Young people do not regard HIV and AIDS as a threat to their own lives. As long as one knows how the virus infection takes place, it is possible to control one's situation. Their fear of dangers, such as environmental disasters and nuclear wars, is much greater.

"It is not true, as many people claim and believe, that young people become fearful and panicky when it comes to AIDS. The disease is not perceived as a major threat," says Gunilla Jarlbro, Ph D, with the Institute of Sociology at Lund University.

At the request of the AIDS committee, she has interviewed in depth 130 young people from various parts of the country within the 16-21 year age range. It appears from the interviews that although young people, from a purely intellectual point of view, regard AIDS and HIV as a serious problem, they have no personal fears.

By changing one's sexual habits and using condoms, it is, of course, possible for oneself to check and influence the risk of AIDS infection, young people reason. On the other hand, it is difficult to do anything about the threat to the environment and the risk of nuclear war.

According to Gunilla Jarlbro, young people are quite knowledgeable when it comes to transmission of infection and the risk of infection—information that they often receive via the mass media. The interviews she has had with them confirm once again that the talk in the sixties and the seventies of sexual liberation is a thing of the past. Today, the emphasis is on faithfulness and the importance of getting to know one another before starting a sexual relationship.

On the other hand, the 16- to 21-year-old respondents knew little of the venereal disease klamydia. And hardly any of them were familiar with the AIDS-testing facilities that were available within their own municipality.

"It appeared from the interviews that young people most often associate safe sex with the use of contraceptives to avoid pregnancy. The fear of unwanted pregnancy appears greater than the fear of becoming infected with a venereal disease."

Gunilla Jarlbro's study based on interviews, moreover, shows that the attitudes of young people toward contraceptives and the sex education they have received in their homes are class-related.

In middle-class homes, boys learn that they have to use condoms, otherwise they will have babies. Girls from the same environment often had not received any sex education at all, which in the report is interpreted as a message to the effect that they should preferably not become involved with sex.

On the other hand, girls from working-class homes were urged to use the pill. They are told that men are unreliable and that the condom does not provide sufficient protection.

"It is not too strange that, like in other education, there will be class-related differences as well when it comes to the family's sex education," says Gunilla Jarlbro.

The young people also stated that they are tired of impersonal information campaigns on AIDS. Instead, they want to learn more from discussions in small groups, led by adult experts.

### **Sexually Active Least Concerned**

54002527a Stockholm DAGENS NYHETER in Swedish  
17 Jul 88 p 8

[Article by Katarina Hjordisdotter: "AIDS Campaign Has No Effect on Young People"]

[Text] Young Swedes who are sexually most active were not influenced by the campaign of the AIDS committee last spring. Their sex habits remain the same, and the condom did not become a more popular contraceptive within this group.

On the other hand, an increasing number of Swedes among "the normal population" have started using the condom following the anti-AIDS campaign of the committee in May of 1987.

Among singles without permanent sex partners, the use of the condom has doubled during the past year, from 25 percent to 50 percent.

This appears from statistics compiled by Bengt Brorsson, an associate professor of social medicine at Uppsala University.

"The result points to the same pattern which may always be observed when it comes to various forms of contraceptives. Those taking the greatest risks are the ones least liable to protect themselves," Bent Brorsson says.

"That is why it does not serve any real purpose to continue condom campaigns, since the information does not reach the group with many sex partners."

### **Inquiries**

The research material is based on inquiries made among visitors to open receptions for skin and venereal diseases at eight locations in the country. Nearly 400 men and 200 women of the 18-24 age group answered the questions asked both before and after the dissemination of information by the anti-AIDS committee.

Among those visiting the receptions (referred to as vein groups), 55 percent reported that they had had intercourse with more than one partner during the last 6 months, compared to 19 percent of the section of the entire population.

As for sexual habits, the study shows that the figure of 55 percent within the vein group who had had more than one sexual partner during the past 6 months did not decline after the information campaign.

According to Brorsson's study, no major difference is discernible in the knowledge of how HIV/AIDS infection takes place. Visitors to the open receptions, on the other hand, were more familiar than the population at large, with the ways of transmission of the infections that may be regarded as unlikely, for example, through insect bites and visits to public toilets.

In his report, Bengt Brorsson, however, focuses his attention on the attitude of the vein group to the use of condoms.

Only 16 percent of this group stated immediately after the distribution of the committee's pamphlets that they they had used the condom in their most recent intercourse. The figure was the same in the big anti-AIDS campaign.

Nevertheless, 39 percent reported that they found that the risk of infection with a sexually transmittable disease was great. However, only 7 percent felt that they might become infected with HIV.

### **Intercourse**

"The men stated that they preferred not to use the condom, that it interferes with the intercourse and reduces the enjoyment. Two-thirds of the men and the women stated that one does not think of condoms when agreeing to have sex," says Bengt Brorsson.

According to his study, however, it appears that the anti-AIDS campaign may have had the effect that an increasing number of people will purchase condoms, even if they may subsequently fail to use them.

The number of people within the vein group who had condoms at home increased from 41 to 49 percent between the two polls (before and after the campaign). And 22 percent compared to previously 15 percent took condoms along with them when going out to enjoy themselves.

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### **Yellow Staphylococcus Suspected in Hospital Infection**

54002527b Stockholm DAGENS NYHETER in Swedish  
16 Jul 88 p 7

[Article by Gitta Magnell]

[Text] The personnel at the regional hospital at Linköping may have become infected with yellow staphylococci. A bacteria that causes a serious type of hospital illness.

"So far, six patients in the department of burns and one in the department of surgery have become infected with the bacteria," Dr Johan Elfstrom, acting chief physician, tells DAGENS NYHETER.

"The patient in the department of surgery has been transferred to the intensive care unit."

More stringent sanitary measures and discontinuation of patient admission in certain departments have been introduced at the hospital. Incidentally, the infection does not result in any unusual measures. The department of burns normally closes in the summer. Seriously ill patients are transferred to the Teaching Hospital at Uppsala.

#### Checking

"We have checked with Uppsala, and it is their opinion that they can handle it," says Dr Elfstrom, confirming that the infection was transmitted by an Iranian soldier suffering from burns. He was admitted to the hospital in April but has now recovered and is back in Iran.

At the teaching hospital at Uppsala, Stellan Bengtsson, a bacteriologist, says:

"It is not a question of any extremely dangerous bacteria. We have previously had patients with yellow staphylococcus bacteria in infected wounds. It is true that they are resistant to penicillin, but there are other kinds of antibiotics that work. The six patients from Linkoping will, of course, be placed in isolation at this hospital."

Asked how dangerous yellow staphylococcus actually is, Bertil Nystrom, hospital hygienist at Huddinge Hospital, says:

"It is a question of a bacterium that is unusual in Sweden at the present time but which occurred here in the late sixties and early seventies. The problem is that the bacteria are methicillin-resistant, which means that the usual group of strong penicillins has no effect on them. They occur more frequently in Southern Europe and the Middle East and are also found in the United States."

"Here at Hyddinge Hospital, we usually get 3-4 patients annually with such infections. The bacteria are dangerous for patients who are already seriously ill. Healthy patients may be infected with them but seldom become ill. However, they may pass the infection on. That is why it is a serious problem if the personnel at Linkoping has now become infected. At the teaching hospital in Uppsala, they no doubt will be able to handle this problem, since they have had the same type of infection before."

Bertil Nystrom concludes by saying, "We have to be prepared for such a situation when admitting patients from the Middle East. There are seriously ill patients whom we have to help. We shall continue to do so. But we must be prepared."

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#### Dysentery Outbreak Traced to Y Virus in Oats, Potatoes

54002527c Stockholm SVENSKA DAGBLADET in Swedish 15 Jul 88 p 6

[Article by Maria Holm]

[Text] Dysentery in oats and virus Y in potatoes—two serious plant diseases follow this year's aphides invasion.

Ironically, dysentery now appears in oat fields that escaped the mass invasion of aphides and therefore were not sprayed. In such fields, the oat now has red-spotted straws and stunted vetches, and there is no longer anything to do about it, since the aphides have done their work.

Dysentery is a virus infection, and aphides attacking the oat get the disease from the grass of meadows. This happens during a very short period of time. Aphides spend the winter in the form of eggs on the branches of bird-cherries, grow to adulthood on their spring foliage and, subsequently, set out on the flight of their lives to the nearest oat field. It is sufficient for a few aphides to collect the virus during an intermediate landing, for once the disease has become established in the oat field, the next generation of aphides will see to it that the disease spreads to the surrounding plants.

"We were in a position to warn against corn aphides already in the fall. The mass attacks take place in certain years and will start with large numbers of aphides laying eggs in bird-cherries. That is why agriculturists in the affected areas of the country—the eastern parts of Central Sweden, the highlands of Smaland and Varmland—have kept the corn aphid under observation, and approximately 70 percent of the fields have been sprayed. In these areas, dysentery attacks are not too serious. The situation looks considerably worse in fields that were not subject to mass invasion. In those areas, the crops may be cut by half," says Roland Sigvald of the Agricultural University at Ultuna.

He also warns against virus Y, since the same aphid spreads among potatoes. This year's crop will be completely normal, but if infected potatoes are used as seed-potatoes next year, the plants will become stunted and wretched and will have curled leaves. The crops will be cut by half.

"There is thus a risk of a shortage of seed-potatoes in the market next year—the seed control authorities will uncover infected quantities. Growers using their own potatoes for seeding ought to have their potatoes tested in the fall to be on the safe side," says Roland Sigvald.

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